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| [Arizona State University](http://www.asu.edu/) Arizona State UniversityInstitutional Biosafety Committee | | | **STORAGE OF INFECTIOUS AGENTS**  **EHS 112S** | | |
|  |  |  | |  |
|  | New Submission | Renewal | | **Previous IBC #:** |

**For IBC Use Only:**

**IBC#\_\_\_\_\_\_\_ BSL\_\_\_\_\_\_\_**

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| PRINCIPAL INVESTIGATOR: |  | Phone No: |  |
| Department: |  | ASURITE: |  |
| Building, Room, Mail Code |  | Email: |  |
| CO-INVESTIGATOR: |  | Phone No: |  |
| Department: |  | ASURITE: |  |
| Building, Room, Mail Code |  | Email: |  |

1. **What infectious microorganism(s) (i.e., microorganisms that may cause disease in humans, animals, or plants) will be stored?**

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| **Name of Stored Organism** | **How is the Organism Stored?** | **Where is the Organism Stored? (Bldg, Room)** | **Quantity** |
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1. **What is the reason for storage rather than disposal?**
2. **What Biosafety Level (BSL1, BSL2, BSL3) is this storage room?**
3. **Does this storage plan include a select agent or toxin?** <http://www.selectagents.gov/Select%20Agents%20and%20Toxins%20List.html>

**Yes  No**

1. **Do any of the microorganisms synthesize a toxin?  
    Yes  No  Not Known**

**If yes, what toxin?**

1. **Are any of the microorganisms infectious to animals?**

**Yes  No Species**

1. **Are any of the microorganisms infectious to plants?**

**Yes  No Species**

1. **Methods for safety and security of the stored organisms:**
   1. **Are the microorganisms stored in a locked laboratory or a locked freezer to prevent unauthorized access?**

**Yes  No**

* 1. **Are the microorganisms stored in conditions appropriate to the biosafety risk?**

**Yes  No**

**Briefly describe:**

* 1. **What procedures are in place to minimize risk and prevent release of infectious microorganism?**
  2. **Please describe your response plans for emergencies such as equipment failure; loss of building power; accidental spill or exposure; unauthorized access; loss or theft.**

**If changes in the information provided above occur, a revised form must be submitted for approval.**

By signing below you are agreeing that all the listed microorganisms will be in storage only and that no research, culturing, isolation or amplification will be conducted*.* If you wish to conduct research on the listed organisms, you must submit a full biosafety disclosure to the IBC prior to commencing research.

Principal Investigator’s Signature       Date:

**Send the completed form to:**

**IBC, Office of Research Integrity and Assurance**

**By Email:** [**IBC@asu.edu**](mailto:IBC@asu.edu)

**By Campus Mail: Mail Code 6111**

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| FOR IBC COMMITTEE USE ONLY | | |
|  | **Signature of IBC Designee** | **Date** |
| Approved by IBC |  |  |